

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16049
Registrar's No. 38

BIRTH NO.		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4322		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (In this place) 11 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lindley Twp., 0650			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital, Princeton				d. STREET ADDRESS (If rural, give location) 7 miles N. E. of Cainsville.			
3. NAME OF DECEASED (Type or Print) Wilkie		a. (First) A.		c. (Last) Collins		4. DATE OF DEATH (Month) (Day) (Year) May 23 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 17, 1879	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farm		11. BIRTHPLACE (City and State or Foreign Country) Lindley Twp. Mercer Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Absolum W. C. Collins		13b. MOTHER'S MAIDEN NAME Sophia Lusk		14. NAME OF HUSBAND OR WIFE Greety Collins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Greety Collins			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 16-3X 11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1951, to May 23, 1955, that I last saw the deceased alive on May 23, 1955, and that death occurred at 1:00p m., from the causes and on the date stated above.							
23a. SIGNATURE Frank H. Zalusky M.D.				23b. ADDRESS Princeton, Missouri.		23c. DATE SIGNED 5-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE May 25, 1955		24c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		24d. LOCATION (City, town, or county) (State) Cainsville, Mo.	
DATE REC'D BY LOCAL REG. 6-1-55		REGISTRAR'S SIGNATURE H. M. ...		25. EMBALMER'S SIGNATURE H. M. ...		ADDRESS Cainsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

SEP 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, St/V

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.